

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH43638  
STATE FILE NUMBER

FILED JAN 6 1958

Registration District No. 43

Primary Registration District No. 5136

Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Harviell TOWN Beaver Creek Twp.		c. CITY OR TOWN Harviell Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt-1 Box 79		Length of stay in 15 YRS	
d. STREET ADDRESS Rt-1 Box 79		(If outside, give location) Residence on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLIE BRIDGEWATER		4. DATE OF DEATH Month Day Year December 5, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 25, 1874
9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) 0 Shanon County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Levi Bridgewater		14. MOTHER'S MAIDEN NAME Pheba Hardcastle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 555-36-3728	
17. INFORMANT Alice Bridgewater		Address Harviell, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u> DUE TO (b) <u>Heart Block</u> DUE TO (c) <u>Hypertensive Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		INTERVAL BETWEEN ONSET AND DEATH 4 wks ? 7	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1953 to 5 Dec 57 and last saw him alive on 1 Dec 57 Death occurred at 4:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) MD		22b. ADDRESS 321 Oak Park Bluff Mo	
22c. DATE SIGNED 12 Dec 57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/10/57	
23c. NAME OF CEMETERY OR CREMATORY Kinsey		23d. LOCATION (City, town or county) (State) Rt-1 Harviell, Missouri	
24. FUNERAL DIRECTOR Russell-Ermert		ADDRESS Corning, Ark.	
25. DATE RECD. BY LOCAL REG. 12/19/57		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

JAN 17 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 53

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.